

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

10717412

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |              |                          |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS                     | 48           |                          |
| FOR                              | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 48 minus 20= | * 28                     |
| INDEPENDENT CLAIMS               | 14 minus 3 = | * 11                     |
| MULTIPLE DEPENDENT CLAIM PRESENT |              | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE

|           |        |              |        |
|-----------|--------|--------------|--------|
| RATE      | FEES   | RATE         | FEES   |
| BASIC FEE | 385.00 | OR BASIC FEE | 770.00 |
| X\$ 9=    |        | OR X\$18=    | 504    |
| X43=      |        | OR X86=      | 946    |
| +145=     |        | OR +290=     |        |
| TOTAL     |        | OR TOTAL     | 2220   |

OTHER THAN  
OR SMALL ENTITY

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|-------------|--|---|-------|---|--------------------------|
|             |  | Minus                                     | **    | =   |                          |
|             | Total  | *   | Minus | **  | =                        |
|             | Independent                                    | *   | Minus | ***   | =                        |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   | <input type="checkbox"/> |

OTHER THAN  
SMALL ENTITY OR SMALL ENTITY

|                     |                        |                        |                        |
|---------------------|------------------------|------------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE | RATE                   | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=              |                        | OR X\$18=              |                        |
| X43=                |                        | OR X86=                |                        |
| +145=               |                        | OR +290=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR TOTAL<br>ADDIT. FEE |                        |

| AMENDMENT B |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|-------------|--|---|-------|---|--------------------------|
|             |  | Minus                                     | **    | =   |                          |
|             | Total  | *   | Minus | **  | =                        |
|             | Independent                                    | *   | Minus | ***   | =                        |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   | <input type="checkbox"/> |

|                     |                        |                        |                        |
|---------------------|------------------------|------------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE | RATE                   | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=              |                        | OR X\$18=              |                        |
| X43=                |                        | OR X86=                |                        |
| +145=               |                        | OR +290=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR TOTAL<br>ADDIT. FEE |                        |

| AMENDMENT C |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|-------------|--|---|-------|---|--------------------------|
|             |  | Minus                                     | **    | =   |                          |
|             | Total  | *   | Minus | **  | =                        |
|             | Ind. dependent                                 | *   | Minus | ***   | =                        |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   | <input type="checkbox"/> |

|                     |                        |                        |                        |
|---------------------|------------------------|------------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE | RATE                   | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=              |                        | OR X\$18=              |                        |
| X43=                |                        | OR X86=                |                        |
| +145=               |                        | OR +290=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR TOTAL<br>ADDIT. FEE |                        |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.